

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

<b>STEP 1</b> OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>
	<p>OWNER <span style="float: right;">If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO</span></p> <p>APPLICANT'S LAST NAME <span style="margin-left: 100px;">APPLICANT'S FIRST NAME</span> <span style="margin-left: 20px;">MI</span> <span style="margin-left: 20px;">PHONE NUMBER</span></p> <p>APPLICANT'S LAST NAME <span style="margin-left: 100px;">APPLICANT'S FIRST NAME</span> <span style="margin-left: 20px;">MI</span> <span style="margin-left: 20px;">PHONE NUMBER</span></p> <p>MAILING ADDRESS</p> <p>CITY/TOWN <span style="margin-left: 150px;">STATE</span> <span style="margin-left: 20px;">ZIP CODE</span></p> <p>PROPERTY ADDRESS <span style="margin-left: 150px;">TAX MAP</span> <span style="margin-left: 20px;">BLOCK</span> <span style="margin-left: 20px;">LOT</span></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input type="radio"/> YES <input type="radio"/> NO</p>
<b>STEP 2</b> VETERANS' TAX CREDITS AND EXEMPTION	<b>VETERAN'S INFORMATION</b>
	<p>1. APPLICANT IS THE: <span style="margin-left: 50px;">2. APPLYING FOR:</span></p> <p><input type="radio"/> Veteran <span style="margin-left: 100px;"><input type="checkbox"/> Tax Credit Veterans' Standard (RSA 72:28)</span></p> <p><input type="radio"/> Spouse <span style="margin-left: 100px;"><input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35)</span></p> <p><input type="radio"/> Surviving Spouse <span style="margin-left: 100px;"><input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")</span></p> <p><span style="margin-left: 100px;"><input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)</span></p> <p>3. Veteran's Name <span style="margin-left: 50px;">Dates of Military Service Enter (MMDDYYYY)</span> <span style="margin-left: 20px;">4. Date of Entry</span> <span style="margin-left: 20px;">5. Date of Discharge/Release</span></p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)</p> <p>6. Name of Allied Country Served in <span style="margin-left: 50px;">7. Branch of Service</span> <span style="margin-left: 50px;">8. Please Check One.</span></p> <p><input type="radio"/> YES <input type="radio"/> NO <span style="margin-left: 20px;">If YES, provide name</span> <span style="margin-left: 50px;"><input type="radio"/> US Citizen at time of entry into Service</span></p> <p><span style="margin-left: 50px;"><input type="radio"/> Alien but resident of NH at time of entry into Service</span></p>
<b>STEP 3</b> EXEMPTIONS	<b>STANDARD EXEMPTIONS</b>
	<p>10. <input type="checkbox"/> Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a) (Enter numbers only MMDDYYYY) <span style="margin-left: 20px;">10a. Applicant's Date of Birth</span> <span style="margin-left: 20px;">10b. Spouse's Date of Birth</span></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p>
	<b>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</b>
	<p>12. <input type="checkbox"/> Blind Exemption (RSA 72:37) <span style="margin-left: 50px;"><input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)</span></p> <p><input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <span style="margin-left: 50px;"><input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)</span></p> <p><input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <span style="margin-left: 50px;"><input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)</span></p>
<b>STEP 4</b> RESIDENCY	<p>13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)</p> <p><input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed</p> <p><input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)</p>
<b>STEP 5</b> OWNERSHIP	<p>14. Do you own 100% interest in this residence? <input type="radio"/> Yes <input type="radio"/> No <span style="margin-left: 20px;">If NO, what percent (%) do you own?</span> <span style="margin-left: 20px;"></span></p>
<b>STEP 6</b> SIGNATURES	<p>Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.</p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <span style="float: right;">DATE</span></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <span style="float: right;">DATE</span></p>
<b>WHEN TO FILE</b>	Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. (See instructions for more details)
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. (See instructions for more details)

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

## MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

## VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit (Standard \$50; Optional \$51 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)						
<input type="checkbox"/> Other Information						

## VETERANS' EXEMPTION

<input type="checkbox"/> Certain Disabled Veterans' Exemption	<input type="radio"/> Veteran	<input type="radio"/> Surviving Spouse	GRANTED <input type="radio"/> DENIED <input type="radio"/>	
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## APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single				65-74 years of age
Married				75-79 years of age
Asset Limits				80+ years of age
Single				
Married				

## STANDARD and LOCAL OPTIONAL EXEMPTIONS (If adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

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|--|---|
| <input type="checkbox"/> * List of assets, value of each asset, net encumbrance and net value of each asset. | <input type="checkbox"/> * State Interest and Dividends Tax Form.               |
| <input type="checkbox"/> * Statement of applicant and spouse's income.                                       | <input type="checkbox"/> * Property Tax Inventory Form filed in any other town. |
| <input type="checkbox"/> * Federal Income Tax Form.  |   |

\* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

## Municipal Notes

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PRINT NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL DATE

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